

BEST AVAILABLE COPY

| MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-375) | | | | | | | SERIAL NO. 09856940 | | FILING DATE | |
|---|----------|------|------------------------|------|------------------------|------|----------------------------|--|--------------------|--|
| | | | | | | | APPLICANT(S) | | | |
| CLAIMS | | | | | | | | | | |
| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | | | | | |
| | IND. | DEP. | IND. | DEP. | IND. | DEP. | | | | |
| 1 | | | | | | | 51 | | | |
| 2 | | | | | | | 52 | | | |
| 3 | | | | | | | 53 | | | |
| 4 | | | | | | | 54 | | | |
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| 36 | | | | | | | 86 | | | |
| 37 | | | | | | | 87 | | | |
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| 40 | | | | | | | 90 | | | |
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| 48 | | | | | | | 98 | | | |
| 49 | | | | | | | 99 | | | |
| 50 | | | | | | | 100 | | | |
| TOTAL IND. | 0 | | 2 | | | | TOTAL IND. | | | |
| TOTAL DEP. | 4 | | 6 | | | | TOTAL DEP. | | | |
| TOTAL CLAIMS | | | | | | | TOTAL CLAIMS | | | |